RI SOS Filing Number: 202194800840 Date: 3/22/2021 1:12:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

RI. DEPT OF STATE
RUS SYCS DIV
2021 MAR 22 PM 1: 10

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number 001672139  | 2. Exact name of the Limited Liability Company GHR LIVING, LLC  |                     |                          |                       |                      |  |
|--|---|---------------------|--------------------------|-----------------------|----------------------|--|
| 3. NAICS Code<br>531110  | Brief description of the character of business conducted in Rhode Island     Rental property business |                     |                          |                       |                      |  |
| 5. State of Formation RI   |   |                     |                          |                       |                      |  |
| 6. Principal Office Address  | <u></u>   |                     | City                     | State                 | Zip                  |  |
| 39 MEYER HILL DRIVE  |   |                     | Acton                    | MA                    | 01720                |  |
| 7. Mailing Address of Limited Lia  | bility Compan   | y and Name or Titl  |                          | ı                     | 1                    |  |
| Contact Name Harinder S Bajwa  |   |                     | Contact Title Manager    |                       |                      |  |
| Street Address 39 Meyer Hill Dr  |   |                     | City Acton               | State MA              | <sup>Zip</sup> 01720 |  |
| 8. List ALL managers (names ar   | nd addresses)   | of the Limited Liab | oility Company, IF APPLI | CABLE - DO NOT LIST M | EMBERS               |  |
| Manager Name   |   |                     | Manager Name             |                       |                      |  |
| Street Address   |   |                     | Street Address           |                       |                      |  |
| City   | State   | Zıp                 | City                     | State                 | Zip                  |  |
| Manager Name   | <b></b>   | <u> </u>            | Manager Name             |                       |                      |  |
| Street Address   |   |                     | Street Address           |                       |                      |  |
| City   | State   | Zip                 | City                     | State                 | Zıp                  |  |
|  | <u> </u>  |                     | · <del>.</del>           | Check the box to in   | dicate an attachment |  |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |   |                     |                          |                       |                      |  |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |   |                     |                          |                       |                      |  |
| Name of Authorized Person  |   |                     |                          | Date                  | Date                 |  |
| Harinder S Bajwa   |   |                     |                          | 03/19/20              | 03/19/2021           |  |
| Signature of Authorized Person   |   |                     |                          |                       |                      |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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BY HIC27 FOR

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